

PLACE OF BIRTH
County of HENNEPIN
Township of _____
Municipality of _____
City of _____
NAME OF CHILD Baby Erwin

STATE OF MINNESOTA

Division of Vital Statistics

41042

RECORD OF BIRTH

Reg. District No. _____ No. in Registration Book _____
(This record is to be filed in book by local Registrar or Health Dept.)
No. 4633, First Act. So. 13, 13th Ward.

NAME FATHER	DATE, PLACE, OR SOURCE OF RECORD (Do not record only in event of plural births)	SEX (Do not record only in event of plural births)	AGE, SEX (Do not record only in event of plural births)	DATE, SEX (Do not record only in event of plural births)	MOTHER
Albert James Erwin	4633-1st Av. So.	Male	1 year	1 - 24-13	Sarah E. Clark
WHITE	AGE AT BIRTH - 3.0	White	Color	AGE AT BIRTH - 29	White
ST. PAUL, MINN.	BIRTHPLACE	Deer Creek, Minn.	BIRTHPLACE	Occupation	Houswife
R.R. Clerk	OCCUPATION				
None of above can be written, leaving space blank.					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born on January 24, 1913, at 2 P.M.
on the date above stated.

There were no attending physician or midwife, then the father, stepfather, son, son's wife or relative, or anyone else from this address present at the time of the birth after birth.

Given name added from a report
Medical report

Signature _____ PHYSICIAN, MIDWIFE, PARENT OR INFORMANT

Please print words which will be best legible

Address _____ 311 - Reid Cornet

(Signature) _____ SECRETARIAL

Date _____ 12-31-1991 Address _____

STATE OF MINNESOTA) SS
COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota Department of Health.

Dated at Minneapolis

December 31, 1991

Dale L. King
State Registrar
Minnesota Department of Health

NOT VALID WITHOUT IMPRESSED SEAL.